

Kansas Health Policy Authority (KHPA)
NOTICE OF PRIVACY PRACTICES
For the Use and Disclosure of Protected Health Information
State Employees Health Benefit Plan

(Para obtener una copia de esta nota en español, contacta al Oficial de la Privacidad de KHPA en 785.296.3981.)

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION AS REQUIRED BY THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA). PLEASE REVIEW IT CAREFULLY.

HIPAA Effective Date: April 14, 2003

Date of This Notice: June 1, 2007

Why is KHPA sending you this Notice?

We want to protect the privacy of your personal information. The State of Kansas self-funded group health plan benefits (including the Kansas Choice PPO plan and Kansas Senior Plan C administered by Blue Cross Blue Shield of Kansas, retail and mail prescription drug programs administered by Caremark, dental plan administered by Delta Dental of Kansas, medical reimbursement flexible spending account plan administered by ASI, Inc., and COBRA administration administered by Conexis) called "The Plan" is required by a federal law to make sure your protected health information (PHI) is kept private. That law is known as the Health Insurance Portability and Accountability Act (HIPAA). We must give you this Notice of our legal duties and privacy practices with respect to your PHI. If you are enrolled in a fully insured group health plan program sponsored by the State of Kansas, you may also receive a Privacy notice from those insurance companies describing their privacy practices. This Notice pertains only to your protected health information held by the State's self-funded group health plans (The Plan) as described and outside companies who contract with the state to help administer the Plan benefits. Your information may also be disclosed to the Plan sponsor. These companies are called business associates and can include the flex plan administrator and COBRA benefits administrator. This information will not be used for employment related decisions.

We must also follow the terms of the Notice that are in effect right now. We reserve the right to change the terms of this Notice and our privacy policies at any time. If we make these changes, they will affect all PHI we maintain. This includes PHI we received or created before the change. If we do change the terms of our privacy policy, we will post a new Notice on our website and send a copy to each head of household within 60 days.

PHI is information that we have created or received about your past, present, or future health or medical condition. This information could be used to identify you. It also includes information about medical treatment you have received and about payment for health care you have received. It includes your name, age, address and social security number. We must tell you how, when, and why we use and/or share your PHI.

How do we collect your protected health information?

We collect PHI from you. We also receive PHI from your health care providers. For example, we might get PHI from your health care providers when they submit a claim to be paid for services they provided to you. We get PHI from you when you fill out your application for health care coverage. PHI does not include health information contained in employment records (such as disability, work-related illnesses/injury, sick leave, Family or Medical Leave (FMLA), life insurance, dependent care, etc).

How and when can we use or disclose your PHI?

HIPAA and other laws allow or require us to use or disclose your PHI for many reasons. Sometimes we are not required to get your written agreement. For other reasons, we may need you to agree in writing that we can use or disclose your PHI. In this Notice, we have listed reasons we are allowed to use your PHI without getting your permission. Not every use or disclosure is listed. The ways we can use and disclose information fall within one of the descriptions on the following pages:

- **So you can receive treatment.** We use and disclose your PHI to those who provide you with health care services or who are involved in your care. These people may be doctors, nurses, or other health care professionals. For example the Plan discloses the name of your primary care physician to a specialist so they can share information about your treatment.

- **To get payment for your treatment.** We use and disclose your PHI to pay providers for treatment and services you receive. For example, we may give parts of your PHI to our claims department or others who do these things for us. The Plan or a business associate on behalf of the plan tells your providers whether you are eligible for coverage, the types of services covered, or what percentage of the bill will be paid by the Plan.
- **To operate our business.** We use and disclose your PHI to operate our health plan, including research and organ donation. We also use PHI to give you information about other health care treatment, services or benefits. For example to review and improve the quality of health care services, you get. The Plan uses information from your medical claims to refer you to health management programs, to project future benefit costs, to audit claims processing and other activities related to funding and operating a business. Before we share PHI with other organizations, they must agree to keep your PHI private.
- **To meet legal requirements.** We share PHI with government or law enforcement agencies when federal, state, or local laws require us to do so. We also share PHI when we must in a court, administrative proceedings, or other legal proceedings. For example, when the law says we must report PHI in emergency situations or about people and children, who have been abused, neglected, or are victims of domestic violence, we share PHI.
- **To report public health activities.** We share PHI with government officials that collect public health information, or conduct public health investigations, surveillance, or interventions. For example, we share PHI about births, deaths, and some diseases with local and state health departments.
- **For health oversight activities.** We share PHI if a government agency is investigating or inspecting a health care provider or organization or as otherwise authorized by law.
- **To avoid harm.** In order to avoid a serious threat to the health or safety of a person or the public, we provide PHI to law enforcement or people who may be able to stop or lessen the harm.
- **For workers' compensation purposes.** We share PHI to comply with laws relating to workers' compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.
- **To coroners, medical examiners or funeral directors.** We give PHI to coroners, medical examiners or funeral directors for the purpose of identifying a deceased person, determining a cause of death, or other duties as authorized by law. We disclose to authorized federal officials PHI required for lawful military and veterans activities, protective services for the President and others, medical suitability determinations, correctional institutions and other law enforcement custodial situations, for intelligence, counter-intelligence, and other national security activities and in some situations to agencies administering a government program.
- **Other uses and disclosures require your prior written agreement.** In other situations we will ask for your written authorization before we use or disclose your PHI. Your authorization to let us use or disclose your PHI can be changed at any time. You cannot change your decision about information already released with your authorization. Requests to not disclose PHI must be made in writing to the KHPA Privacy Officer. That address is at the end of this notice.

Will you give my PHI to my family, friends or others?

A friend or family member may be helping you get or pay for your medical care. For example, you may be talking to a provider and your mother is with you. We may discuss your PHI with you in front of her. We will not discuss your PHI with you when others are present if you tell us not to.

There may be a time when you are not present or you are unable to make health care decisions for yourself. For example, you may not be conscious but a friend is with you. If our professional judgment is that sharing your PHI with your friend is what is best for you, we will do so.

How do we protect your personal information?

We protect your PHI by:

- Treating all PHI that we collect about you as confidential.
- Stating confidentiality and privacy policies and practices in our HIPAA training.
- Creating disciplinary measures for privacy violations.
- Restricting access to your PHI only to those employees who need to know about you to provide our services to you, like paying a claim for a covered benefit.
- Disclosing the minimum PHI needed for a service company to perform its function. We make sure the company agrees to protect and maintain the confidentiality of your PHI.
- Maintaining physical, electronic, and procedural safeguards that comply with federal and state regulations to guard your PHI.

What are your rights with respect to your PHI?

You have a qualified right to ask that we restrict how we use and give out your PHI. You can also request a limit on the PHI we give to someone who is involved in your treatment, payment or our healthcare operations. For example, you could ask that we not use or disclose information about a treatment that you had to a family member or friend. You must tell us in writing what you want. We will consider your request. We are not required to agree to any requested restriction. If we accept your request, we will put any limits in writing. We will honor these limits except in emergency situations. You may not limit the way we use and disclose PHI when we are required by law to make the use or disclosure. Send your request to the KHPA Privacy Officer. The address is on the last page of this notice.

You have a qualified right to ask us to send your PHI to an address of your choice or to communicate with you in a certain way within reason.

You must tell us in writing what you want. You must tell us if you are making the request because you believe that the disclosure of all or part of the PHI could put you in danger if we do not meet your request. For example, you can ask us to send PHI to your work address instead of your home address. rather than regular mail .You may be assessed reasonable charges to comply with your request, which must be paid in advance. Send your request to the KHPA Privacy Officer. The address is on the last page of this notice.

You have a qualified right to look at or get copies of your PHI that we have.

You must make that request in writing. You may be assessed reasonable fees to provide these copies. If we do not have your PHI, we will tell you how you may be able to get it. We will respond to you within 30 days after we receive your written request. (Response may take 60 days if the information is not stored on-site.) In the event that 30 or 60 days is not enough time to retrieve the information you are requesting, we will advise you of an additional extension of up to 30 days.

In certain situations, we may deny your request. If we do, we will tell you, in writing, the reasons we are denying your request. We will also explain your right in limited situations to have our denial reviewed. Send your request to the KHPA Privacy Officer. The address is on the last page of this notice.

You have a qualified right to a list of times we have shared your PHI.

Your request for the list can go back as far as six years, or back to April 14, 2003, whichever is later. We will respond within 60 days of receiving your written request for your PHI.

The disclosure list we send you will include:

1. The date of the disclosure;
2. The person to whom PHI was disclosed (including their address, if known);
3. A brief description of the information disclosed; and
4. A brief statement of the purpose of the disclosure.

The list will **not** include:

- a) Disclosures we made so you could get treatment;
- b) Disclosures we made so we could receive payment for your treatment;

- c) Disclosures we made in order to operate our business;
- d) Disclosures made directly to you or to people you designated;
- e) Disclosures made for national security or intelligence purposes;
- f) Disclosures made to corrections or law enforcement personnel;
- g) Disclosures we made before we sent you this message;
- h) Disclosures we made when we had your written permission; or
- i) Disclosures made before April 14, 2003.

You may request one free disclosure list each calendar year. If you ask for another list in the same calendar year, we will send you one if you agree to pay the reasonable fee in advance that we will charge. To make this request, write to the KHPA Privacy Officer. The address is at the end of this notice.

You have a qualified right to ask us to correct your PHI or add missing information if you think there is a mistake.

Your request must be in writing to the KHPA Privacy Officer. The address is on the last page of this notice. Your request must give the reason for the changes. We will respond within 60 days of receiving your written request. We can use an extension of 30 days if we need it. If we approve your request, we will make the change to your PHI. We will tell you that we have made the change. We will also tell others who need to know about the change to your PHI.

We may deny your request if your PHI is:

- 1) Already correct and complete;
- 2) Not created by us;
- 3) Not allowed to be disclosed; or
- 4) Not part of our records.

If we deny your request, we will tell you why in writing. Our written denial will also explain your right to file a written statement of disagreement. You have the right to ask that your written request, our written denial and your statement of disagreement be attached to your PHI any time we give it out in the future. You can send this request in writing to the KHPA Privacy Officer at the address at the end of this notice.

How can you get a paper copy of this notice?

If you are a State employee, you can download the Notice from the KHPA website at <http://www.khpa.ks.gov> or you may call KHPA at 785.296.3981 and request a notice.

How can you reach us to register a complaint about our privacy practices or get further information about matters covered by this notice?

If you think that we may have violated your privacy rights, you may send your written complaint within 180 days of the alleged violation to the address listed below, or you may get further information about matters covered by this notice or obtain a paper copy of this notice by writing to:

KHPA Privacy Officer
Kansas Health Policy Authority
Landon State Office Building, Suite 900
900 SW Jackson Street
Topeka, KS 66612
785-296-3981

Additionally, if you believe your privacy rights have been violated, you may also make a complaint to the Secretary of the United States Department of Health and Human Services. You will not be penalized for filing a complaint about our privacy practices. The contact information is:

U.S. Department of Health & Human Services
Office for Civil Rights
601 East 12th Street – Room 248
Kansas City, MO 64106
(816) 426-7278; (816) 426-7065 (TDD) or (816) 426-3686 FAX